



SCOUTING:
Africa's Leading Social Force for Youth Empowerment

Document 3

INTENT OF ATTENDANCE FORM

Name of NSO	
Number of Participants (Please Provide Details Below)	

DETAILS OF PARTICIPANTS

	Full Names	Gender M/F	Date of Birth DD/MM/YYYY	Nationality	Valid Passport Number	Function/Position in the NSO
D E L E G A T E S	1.					
	2.					
O B S E R V E R S	1.					
	2.					
	3.					

Kindly return this form duly completed, signed and stamped to the Event Director in the host NSO at drmosesmpuuga@gmail.com with copy to the Africa Regional Office africa@scout.org by **30th June 2015**.

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Full Name of NSO Official Signature & NSO Stamp Date